

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

MO 20 982 950

SL 19708

12218-62-048499

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registrar District No.

FILED JAN 2 1962

Primary Registration District No.

1003

Registrar's No.

12218

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH -  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN 915 N. Grand, St. Louis, Mo.Length of stay in 1b  
28 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VET. ADM. HOSPITALInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Phelpsc. CITY  
OR  
TOWN St. JamesInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS Soldiers HomeReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
ADOLPHMiddle  
O.Last  
KOENIG4. DATE  
OF  
DEATHMonth  
DecemberDay  
18Year  
19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
8/20/899. AGE (last birthday)  
73IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Laundry worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Adolph Koenig

13b. MOTHER'S MAIDEN NAME

Amie Herwig

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 5582 Floy,  
Louise Dieringer (Sister) St. Louis, Mo.18. CAUSE OF DEATH (Enter only one cause per line f  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF RECTUM WITH METASTASIS TO LUNGS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

154X

INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. Month, Day, Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/20/62 to 12/18/62 and last saw him alive on 12/18/62  
Death occurred at 6:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. LUCKNER

(Degree or title)

M. D.

22b. ADDRESS

VAH, St. Louis, Mo.

22c. DATE SIGNED

12/18/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

REMOVAL

23b. DATE

DEC 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEM.

23d. LOCATION (City, town, or county)

JEFFERSON BRKS. Mo.

24. FUNERAL DIRECTOR

Thomas Rutis 2906 Gervais

ADDRESS

25. DATE RECD. BY LOCAL REG.

DEC 20 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS



STATE OF MISSOURI

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Boley Thompson*

Licensed Embalmer No. 4867

P. O. Address St. Louis 19, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.